STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155200	A. BUILDING 00 B. WING	04/21/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSITY NURSING CENTER	1564 S UNIVERSITY BLVD UPLAND, IN 46989

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F000000	This visit was for a Recertification and State Licensure Survey. Survey dates: April 14, 15, 16, 17, and 21, 2014 Facility number: 000107 Provider number: 155200 AIM number: 100290330 Survey Team: Kim Davis, RN, TC Jason Mench, RN Angela Selleck,RN Census bed type: SNF/NF: 62 Total: 62 Census payor type: Medicare: 7 Medicaid: 40 Other: 15 Total: 62 These deficiencies also reflect state findings also reflect state findings in accordance with 410 IAC 16.2. Quality review completed by Debora Barth, RN.	F000000	Dear Ms. Rhoades,Attached is University Nursing Center's Plan of Correction for annual survey conducted on April 21st. Please accept the Plan of Correction as written. University Nursing Center is asking for paper compliance for all attached deficiencies. University Nursing Center is also requesting IDRs for the deficiencies related to F465 and F520 as University Nursing Center does not agree with scope and severity.Thank you,Stephanie Allen, HFA, MHAUniversity Nursing Center	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F000250 SS=D	483.15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. Based on interview, and record review, the facility failed to provide a Behavior Management Program to monitor the behaviors for 1 of 5 residents reviewed for behavior management (Resident #34). Findings Include: 1. The clinical record of Resident #34 was reviewed on 4/16/14 at 1:21 p.m. The record indicated the resident's diagnoses included, but were not limited to, mental/behavioral problems, cerebrovascular disease, depression and Post Traumatic Stress Disorder (PTSD). Resident #34's clinical record was found to have multiple behaviors charted on the Behavior Flowsheets. Four behaviors documented for three months were reviewed. The flowsheets indicated the following: "Behavior #1. Sexually inappropriate behavior and making sexual comments to staff" with 69 episodes documented on day shift, 13 episodes on evening shift	F000250	What corrective action will be accomplished for those residents found to have been affected by the deficient practice? Resident #34 found to have been affected by the deficient practice had interventions updated for behaviors 1,2, and 4. SSD or designee will audit interventions daily for resident #34 to ensure interventions are properly coded as effective or ineffective. SSD or designee will also ensure that the care plan is updated to properly reflect current interventions for resident #34. The resident #34 affected has had interventions changed to reflect current interventions. The resident #34, along with other residents with behavior flow sheets, have been audited daily by the SSD or designee to ensure compliance.How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken?All residents on behavior flow sheets have the potential to be affected. All residents on behavior flow sheets will be audited by the SSD or designee to ensure residents	05/21/2014

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	and 85 episodes on night shift in the month of January, 73 episodes on day shift, zero episodes on evening shift and 69 episodes on night shift in the month of February, and 57 episodes on day shift, 5 episodes on evening shift and 81 episodes on night shift in the month of March. Staff interventions for this behavior included, "1. Medications per Physician order, 2. Reapproach with different staff member, 3. Redirect to an activity of preference and 4. Remind resident that sexual comments are inappropriate." The "Social Services--ASC Behavior Symptom Monthly Summary Form" indicated that the interventions were ineffective and effective for the months of January and February and not effective for the month of March. The Behavior flowsheets had numbers listed for the interventions tried and whether they were successful or not as an entire group. There was no indication documented on the flowsheet as to which intervention was successful and which was unsuccessful. "Behavior #2. Socially inappropriate behaviors of yelling 'shut up' and 'stop yelling' at others" with 148 episodes on day shift, 11 episodes on evening shift and 159 episodes on night shift occurring in the month of January, 6 episodes on day shift, zero episodes on evening shift		interventions are updated when ineffective and to ensure proper indication of effectiveness by nursing staff filling out the flow sheets. Nursing staff were inservice on 5/6/2014 regarding properly filling out behavior flow sheets by the SSD. SSD or designee will ensure all residents with behavior flow sheets are having interventions updated per policy at the monthly behavior meeting. What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not recur again?All residents on behavior flow sheets will be audited daily by the SSD or designee to ensure residents with behavior flow sheets have effective interventions listed and to ensure nursing staff are appropriately indicating effectiveness of the interventions. Nursing staff were inserviced on 5/6/2014 by the SSD to ensure compliance and understanding of the behavior flow sheets. SSD was inserviced by the ED on 5/8/2014 to ensure compliance of the behavior policy. SSD or designee will conduct daily rounds to ensure behavior interventions are being properly utilized and coded on the behavior flow sheets. How the corrective actions will be monitored to ensure the deficient practice does not recure?All residents on behavior flow sheets will be audited daily for three	

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	and 77 episodes on night shift in the month of February, and 10 episodes on day shift, zero episodes on evening shift and 14 episodes on night shift in the month of March. Staff interventions for this behavior included, "1. Allow resident to validate feelings, 2. provide one on one attention as needed, 3. Redirect to an activity of choice and 4. Remove resident from environment." The "Social Services--ASC Behavior Symptom Monthly Summary Form" indicated that the interventions were ineffective and effective for the months of January and February and did not indicate effectiveness for the month of March. The Behavior flowsheets had numbers listed for the interventions tried and whether they were successful or not as an entire group. No indication was given on the flowsheet as to which intervention was successful and which was unsuccessful. "Behavior #3. Medication seeking behavior for pain medication" with zero episodes in the month of January, 40 episodes on day shift in the month of February and 3 episodes on day shift in the month of March. Staff interventions for this behavior included, "1. Allow resident to validate feelings, 2. Encourage resident to participate in activities of interest, 3. Provide one on one attention		months and weekly for six months by the SSD or designee to ensure interventions are effective and to ensure flow sheets are being properly filled out with results to CQI using the Behavior Management CQI. The flow sheets will be reviewed by IDT monthly for six months at the behavior meeting to ensure compliance with results to CQI. Executive Director or designee will audit the SSD or designee's compliance weekly to ensure compliance. If a 95% threshold is not met on any of the above indicators, an internal plan of correction will be formed to ensure compliance.By what date the systemic changes will be completed?5/21/2014	

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	as needed, 4. Approach resident in a calm manner." The "Social Services--ASC Behavior Symptom Monthly Summary Form" indicated that the interventions were not effective for the months of February and March. The Behavior flowsheets had numbers listed for the interventions tried and whether they were successful or not as an entire group. No indication was given on the behavioral flowsheet as to which intervention was successful and which was unsuccessful. "Behavior #4. Making misperceptions regarding staff" with five episodes on day shift in the month of January, zero episodes in the month of February and one episode on night shift in the month of March. Staff interventions for this behavior included, "1. Provide one on one attention as needed, 2. Remove Resident from environment, 3. Ensure residents basic needs are met, 4. Redirect resident." The "Social Services--ASC Behavior Symptom Monthly Summary Form" was only provided for the month of February which had no behaviors to show the effectiveness of listed interventions. The Behavior flowsheets had numbers listed for the interventions tried and whether they were successful or not as an entire group. No indication was given on the flowsheet as how to tell which intervention was successful and			

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	which was unsuccessful. During an interview with the Social Service Director (SSD) on 4/17/14 at 2:30 p.m., the SSD was asked how she would know which intervention, or interventions, charted with the current behavior charting were effective and which ones were ineffective She indicated that she would not be able to know the difference. An undated policy titled "ASC Behavior Management Policy & Procedure", provided by the DoN on 4/17/14 at 3:00 p.m., indicated: "...4. When a behavior occurs, the staff communicates to the nurse what behavior occurred. The Nurse records or signs off on the behavior on the monitoring form including what interventions were attempted during the episode and whether or not they were effective..." "...8. All residents who are on the behavior monitoring program will have a summary monthly that includes a review of behaviors and interventions as well as a psychotropic medication review (See Psychotropic Medication Management Policy & Procedure). The behavior summary is to be completed using the Monthly Behavior & Psychoactive			

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	Review. This includes what behaviors are being monitored, a Quantitative measure of how many episodes the resident exhibited during the month and during which shifts. There should then be an analysis of the interventions for the behaviors: What was successful? What was unsuccessful? Do new interventions need added? Ensure that any changes are documented on the care plan, Behavior monitoring record and CNA assignment sheet if applicable. The IDT should review the monthly summaries prior to filing..." 3.1-34(a)			
F000280 SS=D	483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed			

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	and revised by a team of qualified persons after each assessment. Based on observation, record review and interview, the facility failed to revise 1 of 5 care plans reviewed for residents regarding behavior management and 1 of 3 residents reviewed for weight loss whose care plans were reviewed in a sample of 27 (Resident #34 and #43). Findings include: 1. The clinical record of Resident #34 was reviewed on 4/16/14 at 1:21 p.m., the record indicated the resident's diagnoses included, but were not limited to, mental/behavioral problems, cerebrovascular disease, depression and Post Traumatic Stress Disorder (PTSD). Resident #34's chart was found to have multiple behaviors charted on the Behavior flowsheets for 4 behaviors listed for 3 months reviewed including: "Behavior #1. Sexually inappropriate behavior and making sexual comments to staff" with 69 episodes documented on day shift, 13 episodes on evening shift and 85 episodes on night shift in the month of January, 73 episodes on day shift, zero episodes on evening shift and 69 episodes on night shift in the month of February, and 57 episodes on day shift, 5	F000280	What corrective action will be accomplished for those residents found to have been affected by the deficient practice? The residents, #34 and #43, found to have been affected by the deficient practice had care plans updated for behavior interventions and supplement interventions.How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken?All residents with behavior care plans and weight loss supplements have the potential to be affected. All residents with behavior care plans were audited by the SSD or designee to ensure residents interventions were updated when interventions were ineffective on the care plan. All residents with nutritional supplements ordered have had dietary care plans audited and undated as necessary by the CDM. CDM and SSD were inserviced by the Executive Director to ensure compliance with care plan updating.What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not recur again?All residents with behavior care plans will be audited daily by the SSD or designee to ensure residents care planned interventions are	05/21/2014

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	episodes on evening shift and 81 episodes on night shift in the month of March. Staff interventions for this behavior included, "1. Medications per Physician order, 2. Reapproach with different staff member, 3. Redirect to an activity of preference and 4. Remind resident that sexual comments are inappropriate." The "Social Services--ASC Behavior Symptom Monthly Summary Form" indicated that the interventions were ineffective and effective for the months of January and February and not effective for the month of March. The care plan indicated these interventions for this behavior had not been updated since 12/20/2012. "Behavior #2. Socially inappropriate behaviors of of yelling 'shut up' and 'stop yelling' at others" with 148 episodes on day shift, 11 episodes on evening shift and 159 episodes on night shift in the month of January, 6 episodes on day shift, zero episodes on evening shift and 77 episodes on night shift in the month of February, and 10 episodes on day shift, zero episodes on evening shift and 14 episodes on night shift in the month of March. Staff interventions for this behavior included, "1. Allow resident to validate feelings, 2. provide one on one attention as needed, 3. Redirect to an activity of choice and 4. Remove resident		updated when ineffective. CDM or designee will audit all residents' care plans with supplements ordered daily to ensure interventions are care planned as ordered. SSD and CDM were inserviced by the ED on 5/8/2014 to ensure compliance of care plan updating. SSD or designee and CDM or designee will conduct daily rounds to ensure behavior interventions and nutritional interventions are are provided per plan of care.How the corrective actions will be monitored to ensure the deficient practice does not recur?All residents with behavior care plans will be audited daily for three months and weekly for six months by the SSD or designee to ensure interventions are properly care planned with results to CQI using the behavior management CQI tool. The behavior flow sheets will be reviewed by IDT monthly for six months at the behavior meeting to ensure compliance with changing interventions with results to CQI. CDM or designee will audit residents' care plans with supplements ordered daily for three months and weekly for six months to ensure compliance with results to CQI using the Supplement CQI tool. Executive Director or designee will audit the SSD or designee's and CDM or designee's compliance weekly to ensure compliance. If a 95%	

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	from environment." The "Social Services--ASC Behavior Symptom Monthly Summary Form" indicated that the interventions were ineffective and effective for the months of January and February and did not indicate effectiveness for the month of March. The care plan indicated these interventions for this behavior had not been updated since 1/7/2013. "Behavior #3. Medication seeking behavior for pain medication" with zero episodes in the month of January, 40 episodes on day shift in the month of February and 3 episodes on day shift in the month of March. Staff interventions for this behavior included, "1. Allow resident to validate feelings, 2. encourage resident to participate in activities of interest, 3. provide one on one attention as needed, 4. approach resident in a calm manner." The "Social Services--ASC Behavior Symptom Monthly Summary Form" indicated that the interventions were not effective for the months of February and March. The care plan indicated these interventions for this behavior had not been updated since 1/22/2013. "Behavior #4. Making misperceptions regarding staff" with five episodes on day shift in the month of January, zero		threshold is not met on any of the above indicators, an internal plan of correction will be formed to ensure compliance.By what date the systemic changes will be completed?5/21/2014	

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	episodes in the month of February and one episode on night shift in the month of March. Staff interventions for this behavior included, "1. Provide one on one attention as needed, 2. Remove Resident from environment, 3. Ensure residents basic needs are met, 4. redirect resident." The "Social Services--ASC Behavior Symptom Monthly Summary Form" was only provided for the month of February which had no behaviors to show the effectiveness of listed interventions. The care plan indicated these interventions for this behavior had not been updated since 7/2/12. During an interview with the Social Service Director on 4/17/14 at 2:30 p.m., when the dates of the care plans for each behavior were pointed out to not have been updated since the initiation of each care plan, she indicated those dates were the correct dates and they had not been updated since the care plans were initiated and indicated this was a problem. 2. Resident #43 was observed eating lunch on 4/14/14 at 11:30 a.m. The resident was served milk in a nosey cup. Resident #43 was not served coffee. The clinical record of Resident #43 was reviewed on 4/17/14 at 8:15 a.m. The record indicated the resident's diagnoses included, but were not limited to			

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	depression, dementia with paranoid behaviors, renal insufficiency, osteoporosis, peripheral edema. The April 2014 Physician orders, signed, but not dated, included an order dated 3/14/14 for 60 cc's (cubic centimeters) of Two Cal, a high calorie, high protein supplement added to coffee with all three meals. A Registered Dietician (RD) note, dated 3/13/14, indicated ".. weight 106. 6.2% loss in 30 days and 13.8% in 90 days. Ice cream with lunch and dinner. Suggested 60cc of Two Cal HN in coffee with meals..." A Registered Dietician (RD) note, dated 4/10/14, indicated Resident #43 had a significant weight loss of 11.2% in 180 days The note indicated a prior weight gain was related to an increase in edema. The Care Plan, dated 8/29/12, indicated Resident #43 ha a history of weight change due to edema. The Care Plan interventions included: 60 cc of Two Cal HN with coffee at meals and drinks in nosey cups. Offer ice cream with lunch and dinner. Lunch was observed on 4/17/14 at 11:30 a.m. Resident #43 was served her meal			

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	at 11:45 a.m. The resident was served milk in nosey cup, no coffee and no ice cream. At 11:55 a.m. all residents were served and Resident #43 still had no ice cream. Resident #43 finished her meal at 12:10 p.m. The observation of the tray indicated the resident was not served ice cream or coffee but drank the milk and Two Cal. LPN #4 was interviewed on 4/17/14 at 9:15 a.m. During the interview, LPN #4 indicated Resident #43 doesn't like coffee anymore so staff add the Two Cal to the resident's milk instead of coffee. The nurse indicated the Care Plan must not have been updated to reflect the changes. 3.1-35(d)(2)(B)			
F000312 SS=D	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. Based on observation, interview, and record review, the facility failed to ensure toileting was preformed by CNA standards for 2 of 2 residents reliant on staff for 2 of 2 two observations of direct care. (Residents # 43 and 17)	F000312	What corrective action will be accomplished for those residents found to have been affected by the deficient practice? The residents, #43 and #17 found to have been affected by the deficient practice had CAN #1 and 2 educated by the DNS. DNS or designee will audit direct	05/21/2014

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	Findings Include: During a resident observation, on 4/14/14 at 2:20 p.m., the room of Resident #43 smelled of urine. The clinical record of Resident #43 was reviewed on 4/17/14 at 8:15 a.m. The record indicated the resident's diagnoses included, but were not limited to depression, dementia with paranoid behaviors, renal insufficiency, osteoporosis, peripheral edema. The April 2014 Physician orders, signed, but not dated, included 80 milligrams (mgs) of the diuretic, Lasix to be given twice daily and Ace wraps daily from the toes to the ankles both to treat edema. The Quarterly Minimum Data Set Assessment (MDS), dated 2/6/14, indicated Resident #43 was frequently incontinent and required extensive assist of two staff for transfers and toileting. The Care Plan, dated 2/20/13, indicated Resident #43 was incontinent and refused showers. The Care Plan interventions included a toilet program, gait belt for transfers, pull up brief, peri wash, and showers three times a week. Toileting was observed for Resident # 43		care provided by CAN #1 and #2 weekly to ensure compliance with procedures when providing direct care. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken?All residents receiving direct care from CNAs have the potential to be affected. All staff providing direct care across all shifts will be audited with skills validations weekly by the DNS or designee to ensure compliance with direct care procedures. Nursing staff were inservice on 5/6/2014 regarding glove use, proper linen handling, infection control, wash cloths in sink, peri care, incontinence care, hand hygiene, and assist to the bathroom. DNS or designee will conduct skills validations all direct care staff. What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not recur again? Staff members will be audited while performing direct care weekly across all shifts by the DNS or designee. Nursing staff were inserviced on 5/6/2014 by the DNS regarding glove use, proper linen handling, infection control, wash cloths in sink, peri care, incontinence care, hand hygiene, and assist to the bathroom. DNS or designee will validate all staff on direct care procedures per the validation schedule. DNS or designee will	

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	with Certified Nursing Assistant (CNA) #1 on 4/16/14 at 3:00 p.m. CNA #1 assisted Resident #43 into the shower room. The CNA did not put on disposable gloves. The CNA took her gait belt from around her waist an put it around the resident's waist. By herself, she assisted the resident to stand, and pivot to the toilet. The CNA pulled down the resident's pants and assisted her to sit on the toilet. The CNA indicated, "You are soaked". The CNA then looked at the wet bed pad folded on top of the wheelchair cushion, and indicated that the pad was also soaked with urine. CNA #1 then put on gloves, removed the resident's wet pants and wet brief, and put them into the appropriate barrels by lifting the barrel lids. Without changing her gloves, CNA #1 walked to the shower room door, opened it and called to the nurse. The CNA told the nurse the resident's ace wraps were wet and needed replaced. She then turned to the sink and turned on the water. With the same gloves, she pulled up a cover on the linen cart and removed three washcloths and a towel, then returned the cover to it's original state and placed the wash clothes into the sink of running water. CNA #1 walked to another area		conduct daily rounds each shift to ensure direct care is being provided per procedure. How the corrective actions will be monitored to ensure the deficient practice does not recur?Staff members will be audited while performing direct care weekly for six months across all shifts by the DNS or designee with results to CQI. The validations will be reviewed by IDT monthly for six months to ensure compliance with results to CQI. Executive Director or designee will audit the DNS or designee's compliance weekly to ensure compliance. If a 95% threshold is not met on any of the above indicators, an internal plan of correction will be formed to ensure compliance.By what date the systemic changes will be completed?5/21/2014	

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	and pulled a key from a cord on the wall and unlocked a large cupboard. The CNA took a large bottle of body wash from the cupboard, walked to the sink and poured wash onto two wash clothes in the sink. With the same gloves, CNA #1 pulled off the resident's slipper socks and removed the ace wraps from both of the resident's legs. CNA #1 opened the soiled lined barrels and put the dirty items into the barrels and closed the lid. With the same gloves, CNA #1 took the washcloths from the sink and the dry towel to the resident at the toilet. CNA #1 washed the resident's legs and feet, then dried them while the clean towel dragged on the shower room floor. With the same gloves, CNA #1 returned to the locked cupboard, pulled the key from the wall and opened the cupboard. The CNA pulled a basin from the cupboard and pulled out a large plastic bag with the resident's name on it. CNA #1 opened the bag and pulled out a bottle of lotion, walked to the resident sitting on the toilet and applied the lotion to the resident's legs. CNA #1 removed her gloves, walked back to the cupboard and returned the lotion to the plastic bag. CNA #1 pulled the cover off the linen cart, pulled out two more wash clothes,			

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	turned on the water put the wash clothes in the sink and poured more body wash on the wash clothes. CNA #1 put on disposable gloves. CNA #1 picked up a clean pair of pants and brief. She put the brief on the resident's ankles then the pants over top of the brief by dragging the clean pants on the shower room floor. CNA assisted Resident #43 to stand and hold onto the grab bar next to the toilet. The CNA took the wash clothes from the sink and washed and dried the resident's buttocks and pulled up the resident's brief and pants. CNA #1 did not wash the perineum. CNA #1 then indicated the resident's shirts were wet too. She folded the wet shirt and undershirt into the gait belt that was still around the resident's waist. CNA #1 pulled the urine soaked bed pad from the wheelchair, folded a clean bed pad in half and put the clean pad on the wheelchair cushion without washing or drying the cushion. CNA #1 assisted Resident #43 to sit in the wheelchair. CNA #1 then pulled the resident's urine soaked shirt and undershirt from under the gait belt. CNA #1 then put the gait belt around her own waist. Without washing the resident's wet back,			

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	CNA #1 put a clean under shirt and shirt on the resident. CNA #1 removed her gloves and washed her hands and assisted Resident #43 out of the shower room. The Director of Nursing (DoN) was interviewed on 4/17/14 at 3:00 p.m. The DoN indicated CNA #1 should have washed her hands, changed gloves, and washed the resident's wheelchair cushion. 2. During a resident interview, on 4/14/14 at 3:00 p.m., the room of Resident # 17 smelled of urine. The clinical record of Resident #17 was reviewed on 4/17/14 at 9:20 a.m. The record indicated the resident's diagnoses included, but were not limited to Pick's Disease, Alzheimer's dementia, and Hypothyroidism. The "Three Day Bladder/Bowel Patterns" dated 2/614, 2/714, and 2/8/14 indicated Resident #17 was incontinent and should be assisted to toilet upon rising, before or after meals, at bedtime, and check and change at night as needed. The Annual Minimum Data Set Assessment (MDS), dated 2/6/14, indicated Resident #17 was incontinent and required limited assist of one for room ambulation and extensive assist of			

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	one for toileting. The Care Plan, dated 5/8/12, indicated Resident #17 was incontinent. The Care Plan interventions included pull up briefs, assist with incontinent care as needed, observe for signs and symptoms of urinary tract infection and the toilet program. CNA #2 was observed assisting Resident #17 to the toilet on 4/17/14 at 10:30 a.m. CNA #2 assisted Resident #17 to sit on the side of the bed. CNA #17 put her gaitbelt around the resident's waist and assisted her to walk to the bathroom. The resident's bathroom was in the middle of two rooms, shared by four residents and smelled of urine. CNA #2 pulled down the resident's pants and brief and assisted the resident to sit on the toilet. CNA #2 indicated the resident's brief was not wet. CNA #2 washed her hands and put on gloves, and put a washcloth in the sink over the drain and turned on the water. The water level began to fill up in the sink. CNA #2 put soap on the washcloth from the water filled sink. CNA #2 assisted Resident #17 to stand and washed the resident's perineum and			

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	buttocks. CNA #2 pulled up the resident's brief and pants. A paper then fell out of the CNA's pocket. The CNA picked up the paper from the bathroom floor and returned it to her pocket while wearing the gloves. CNA #2 removed her gloves assisted Resident #17 to wash her hands and CNA #2 washed her hands. CNA #2 assisted Resident #17 back to the bed. CNA #2 pulled the paper that had been on the bathroom floor from her pocket. 3. The facility policy "Hand Hygiene", dated 3/2012, was presented by the Director of Nursing (DoN) on 4/17/14. The policy indicated "... 5 Moment of required hand hygiene: Before patient. Before an aseptic task. After body fluids exposure risk. After patient contact. After contact surroundings." The facility policy "Assist to the Bathroom", dated 2/2012, was presented by the DoN on 4/21/14 at 10:35 a.m. The policy indicated "...Wash hands. 4. Walk with resident into the bathroom. (Use gait belt) 5. Assist resident to pull down clothing and sit down.... 9. Wash hands.			

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	10. Put on gloves. 11. Assist resident to wipe area from front to back. Assist with perineal care, if needed. 12. Remove gloves. 13. Assist resident to pull up clothing. 14. Assist resident to wash hands. 15. Assist resident back to bed or chair. 16. Wash hands..." 3.1-38(a)(3)			
F000371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions Based on observation, record review and interview, the facility failed to ensure food was stored, prepared, distributed and served under sanitary conditions. Of the facility's 62 residents, this deficient practice had the potential to impact 62 of 62 residents who were served from the facility's kitchen. Findings include: 1) Kitchen sanitation tour accompanied by the Certified Dietary Manager on 4/14/14, at 9:25 a.m. indicated the following concerns:	F000371	What corrective action will be accomplished for those residents found to have been affected by the deficient practice? No residents were affected by the deficient practice. CDM educated all staff regarding sanitation before 5/8/14. The chocolate container was cleaned, the Teflon pan with a scratch was thrown away, the metal drying rack was thrown away, and the three door freezer and two refrigerators were cleaned.How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken?All residents have the potential to be affected. The chocolate container was	05/21/2014

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	a. An 85 ounce plastic container of liquid chocolate had a dark brown substance on the outside top of the container. b. The stainless steel refrigerator by the hand washing sink had trays of thawing meat on the bottom of the refrigerator. A red liquid substance, dried in areas was observed under the trays of thawing meat that covered the bottom of the refrigerator. c. One small seven inch Teflon frying pan had the black Teflon scratched down to the metal inside of the pan. d. A rusted metal draining rack located on the three compartment sink had three ready to use stainless steel tongs rested on the rust of the rack. e. The three door freezer in the dry storage had dried food debris, white dried substance and grime on the exterior. The three door refrigerator by the hand washing sink had dried food debris and grime on the outside of the exterior. The two door refrigerator by the kitchen entrance had dried food debris, grime and a dried pink substance on the exterior. 2) During a kitchen sanitation tour accompanied by the Certified Dietary		cleaned, the Teflon pan with a scratch was thrown away, the metal drying rack was thrown away, and the three door freezer and two refrigerators were cleaned. Dietary staff were inserviced by 5/8/2014 regarding sanitation. CDM or designee will perform a sanitation round q day to ensure kitchen is in compliance with sanitation regulations. CDM inspected all plastic containers to ensure clean. CDM inspected all teflon equipment to ensure scratch free. CDM inspected all racks to ensure clean and sanitized. CDM inspected all freezers and fridges to ensure clean.What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not recur again?CDM or designee will conduct a short sanitation round daily to ensure compliance with sanitation regulations. CDM or designee will conduct a long sanitation round weekly to ensure compliance with sanitation regulations. Dietician will conduct sanitation rounds monthly to ensure threshold is obtained. How the corrective actions will be monitored to ensure the deficient practice does not recur?CDM or designee will conduct a short sanitation round daily for three months and then weekly for six months with results to CQI. CDM or designee will conduct a long sanitation round weekly for three months and then monthly for six	

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	Manager and the Registered Dietician on 4/14/14 at 10:00 a.m., the Registered Dietician was made aware of all the concerns related to the kitchen. 3) During an interview with the Certified Dietary Manager on 4/21/14 at 12:50 p.m., she indicated if there was any scratched, dented or rusted equipment used in the kitchen it should be removed from use, disposed of and replaced. She indicated the rusted dish drainer should have been removed and disposed of. The Certified Dietary Manager indicated the refrigerators are cleaned twice a day at the end of the shift. Any spills or leakage is to be cleaned when noticed. She indicated any soiled food containers should be cleaned immediately. The Certified Dietary Manager indicated on 4/13/14 the facility had served beef, a day before the kitchen observation of a red substance in the bottom of the refrigerator next to the hand washing sink. She also indicated that was where the spill was from. She indicated meats go on the bottom of the refrigerator to thaw and are placed on a tray. 4) During an interview with the Certified Dietary Manager on 4/21/14 at 1:29 p.m., she indicated cleaning of the refrigerator		months with results to CQI. Executive Director or designee will audit the CDM or designee's compliance weekly to ensure compliance. If a 95% threshold is not met on any of the above indicators, an internal plan of correction will be formed to ensure compliance.By what date the systemic changes will be completed?5/21/2014	

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	exterior and interior was being completed daily and based on the cleaning schedule for April 2014. She indicated the facility had no policy on the disposal of rusted or scratched pots, pans or racks. 5) A current facility policy, revised on 4/2011, titled "General Food Preparation and Handling" was provided by the Registered Dietician on 4/14/14 at 12:30 p.m., and indicated the following: "Policy: Food items will be prepared to conserve maximum nutritive, develop and enhance flavor and to be free of injurious organisms and substances. ...2. The kitchen and equipment are clean." 6) A current facility policy, dated and revised on 4/2011, titled "Food Storage" was provided by the Certified Dietary Manager on 4/14/14 at 12:39 p.m., and indicated the following: "Policy: Sufficient storage facilities are provided to keep foods safe, wholesome, and appetizing. Food is stored, prepared and transported at an appropriate temperature and by methods designed to prevent contamination. ...Procedure: ...15. All refrigerator units are kept clean and in good working condition at all times."			

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	7) A current facility policy, dated and revised on 5/2006, titled "Cleaning Refrigerators" was provided by the Registered Dietician on 4/14/14 at 12:43 p.m., and indicated the following: "Policy: The refrigerators will be washed thoroughly inside and outside with a detergent and followed by a sanitizer at least once a month, or as needed. Spills and leaks will be wiped up as they are noticed." 3.1-21(i)(3)			
F000441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility			

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	must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.			
	Based on observation, interview, and record review, the facility failed to ensure toileting was preformed in a manner in which to prevent the spread of infection for 2 of 2 residents reliant on staff for toileting assistance during 2 of 2 personal care observations. (Residents 43 and 17; CNA # 1 and #2) Findings Include: 1. During a resident observation, on 4/14/14 at 2:20 p.m., the room of Resident #43 smelled of urine. The clinical record of Resident #43 was reviewed on 4/17/14 at 8:15 a.m. The record indicated the resident's diagnoses included, but were not limited to depression, dementia with paranoid behaviors, renal insufficiency, osteoporosis, peripheral edema.	F000441	What corrective action will be accomplished for those residents found to have been affected by the deficient practice? The residents, #14 and 17, found to have been affected by the deficient practice had CAN #1 and 2 educated by the DNS (attachment I). DNS or designee will audit direct care provided by CAN #1 and #2 weekly to ensure compliance with procedures when providing direct care. Residents #14 and 17 are receiving care following appropriate infection control techniques.How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken?All residents receiving direct care from CNAs have the potential to be affected. All staff providing direct care across all shifts will have skills validations by the DNS or designee to ensure compliance	05/21/2014

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	The Quarterly Minimum Data Set Assessment (MDS) dated 2/6/14 indicated Resident #43 was frequently incontinent and required extensive assist of two staff for transfers and toileting. Toileting was observed for Resident # 43 with Certified Nursing Assistant (CNA) #1 on 4/16/14 at 3:00 p.m. CNA #1 assisted Resident #43 into the shower room. The CNA did not put on disposable gloves. CNA #1 took her gait belt from around her waist and put it around the resident's waist. By herself, she assisted the resident to stand, and pivot to the toilet. CNA pulled down the resident's pants and assisted her to sit on the toilet. The CNA indicated, "You are soaked". CNA #1 then looked at the wet bed pad folded on top of the wheelchair cushion, and indicated that the pad was also soaked with urine. CNA #1 put on gloves, removed the resident's wet pants and wet brief, and put them into the appropriate barrels by lifting the barrel lids. Without changing her gloves, CNA #1 walked to the shower room door,opened it and called to the nurse. The CNA told		with direct care procedures. Nursing staff were inservice on 5/6/2014 regarding glove use, proper linen handling, infection control, wash cloths in sink, peri care, incontinence care, hand hygiene, and assist to the bathroom. DNS or designee will validate all staff on direct care procedures per the validation schedule and all new employees upon hire.What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not recur again?Staff members will be audited while performing direct care weekly across all shifts by the DNS or designee to ensure proper infection control techniques are followed. Nursing staff were inserviced on 5/6/2014 by the DNS regarding glove use, proper linen handling, infection control, wash cloths in sink, peri care, incontinence care, hand hygiene, and assist to the bathroom. DNS or designee will validate all staff on direct care procedures per the validation schedule. DNS or designee will conduct daily rounds each shift to ensure direct care is being provided per procedure. How the corrective actions will be monitored to ensure the deficient practice does not recur?Staff members will skill validations for infection control completed weekly for six months across all shifts by the DNS or designee with results to CQI. The	

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	the nurse, the resident's ace wraps were wet and needed replaced. She then turned to the sink and turned on the water. With the same gloves, she pulled up a cover on the linen cart and removed three washcloths and a towel, then returned the cover to it's original state and placed the wash clothes into the sink of running water. CNA #1 walked to another area and pulled a key from a cord on the wall and unlocked a large cupboard still wearing the same gloves. The CNA took a large bottle of body wash from the cupboard, walked to the sink and poured wash onto two wash clothes in the sink. With the same gloves, CNA #1 pulled off the resident's wet slipper socks and removed the ace wraps from both of the resident's legs. CNA #1 opened the soiled lined barrels and put the dirty items into the barrels and closed the lid. With the same gloves, CNA #1 took the washcloths from the sink and the dry towel to the resident at the toilet. CNA #1 washed the resident's legs and feet, then dried them while the clean towel		validations will be reviewed by IDT monthly for six months to ensure compliance with results to CQI. Executive Director or designee will audit the DNS or designee's compliance weekly to ensure compliance. If a 95% threshold is not met on any of the above indicators, an internal plan of correction will be formed to ensure compliance.By what date the systemic changes will be completed?5/21/2014	

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	dragged on the shower room floor. With the same gloves, CNA #1 returned to the locked cupboard, pulled the key from the wall and opened the cupboard. The CNA pulled a basin from the cupboard and pulled out a large plastic bag with the resident's name on it. CNA #1 opened the bag and pulled out a bottle of lotion, walked to the resident sitting on the toilet and applied the lotion to the resident's legs. CNA #1 removed her gloves, walked back to the cupboard and returned the lotion to the plastic bag. CNA #1 pulled the cover off the linen cart, pulled out two more wash clothes, turned on the water put the wash clothes in the sink and poured more body wash on the wash clothes. CNA #1 put on disposable gloves. CNA #1 picked up a clean pair of pants and brief. She put the brief on the resident's ankles then the pants over top of the brief by dragging the clean pants on the shower room floor. CNA assisted Resident #43 to stand and hold onto the grab bar next to the toilet. The CNA took the wash clothes from the sink and washed and dried the resident's buttocks and pulled up the resident's brief and			

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	pants. CNA #1 did not wash the perineum. CNA #1 then indicated the resident's shirts were wet too. She folded the wet shirt and undershirt into the gait belt that was still around the resident's waist. CNA #1 pulled the wet bed pad from the wheelchair, folded a clean bed pad in half and put the clean pad on the wheelchair cushion without washing or drying the urine soaked cushion. CNA #1 assisted Resident #43 to sit in the wheelchair. CNA #1 then pulled the resident's urine soaked shirt and undershirt from under the gait belt. CNA #1 then put the gait belt around her own waist. Without washing the resident's wet back, CNA #1 put a clean under shirt and shirt on the resident. CNA #1 removed her gloves and washed her hands and assisted Resident #43 out of the shower room. The Director of Nursing (DoN) was interviewed on 4/17/14 at 3:00 p.m. The DoN indicated CNA #1 should have washed her hands, changed gloves, and washed the resident's wheelchair cushion.			

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	2. During a resident interview, on 4/14/14 at 3:00 p.m., the room of Resident # 17 smelled of urine. The clinical record of Resident #17 was reviewed on 4/17/14 at 9:20 a.m. The record indicated the resident's diagnoses included, but were not limited to Pick's Disease, Alzheimer's dementia,a and Hypothyroidism. The "Three Day Bladder/Bowel Patterns" dated 2/6/14, 2/7/14, and 2/8/14 indicated Resident #17 was incontinent and should be assisted to toilet upon rising, before or after meals, at bedtime, and check and change at night as needed. The Annual Minimum Data Set Assessment (MDS), dated 2/6/14, indicated Resident #17 was incontinent and required limited assist of one for room ambulation and extensive assist of one for toileting. CNA #2 was observed assisting Resident #17 to the toilet on 4/17/14 at 10:30 a.m. CNA #2 assisted Resident #17 to sit on the side of the bed. CNA #2 put her gaitbelt around the resident's waist and assisted her to walk to the bathroom. The resident's bathroom was in the middle of two rooms, shared by four			

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	residents and smelled of urine. CNA #2 pulled down the resident's pants and brief and assisted the resident to sit on the toilet. CNA #2 indicated the resident's brief was not wet. CNA #2 washed her hands and put on gloves, and put a washcloth in the sink over the drain and turned on the water. The water level began to fill up in the sink. CNA #2 put soap on the washcloth from the water filled sink. CNA #2 assisted Resident #17 to stand and washed the resident's perineum and buttocks. CNA #2 pulled up the resident's brief and pants. A paper then fell out of the CNA's pocket. The CNA picked up the paper from the bathroom floor and returned it to her pocket. CNA #2 removed her gloves assisted Resident #17 to wash her hands and CNA #2 washed her hands. CNA #2 assisted Resident #17 back to the bed. CNA #2 pulled the paper that had been on the bathroom floor from her pocket.			

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	3. On 4/16/14 at 10:15 a.m., CNA #1 was observed carrying clean bed linens into a resident room. CNA #1 removed the clean bed linens from the linen cart and held the bed lines up against her uniform. CNA #1 walked into room 207 and laid the clean linens on the recliner chair. CNA #1 then put the bottom fitted sheet on the bed. CNA #1 picked up the top sheet and shook the sheet in air and put it on the bed. CNA #1 picked up the bedspread, shook it in the air over the bed and laid the bed spread on top of the top sheet. 4. The facility policy "Hand Hygiene", dated 3/2012, was presented by the Director of Nursing (DoN) on 4/17/14. The policy indicated "... 5 Moment of required hand hygiene: Before patient. Before an aseptic task. After body fluids exposure risk. After patient contact. After contact surroundings." The facility policy "Assist to the Bathroom", dated 2/2012, was presented by the DoN on 4/21/14 at 10:35 a.m. The policy indicated "...Wash hands. 4. Walk with resident into the bathroom. (Use gait belt) 5. Assist resident to pull down clothing and sit down.... 9. Wash hands. 10. Put on gloves. 11. Assist resident to wipe area from front to back. Assist with perineal care,if needed. 12. Remove			

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	gloves. 13. Assist resident to pull up clothing. 14. Assist resident to wash hands. 15. Assist resident back to bed or chair. 16. Wash hands..." 3.1-18(l) 3.1-19(g)			
F000465 SS=E	483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. Based on observation,and interview, the facility failed to ensure 2 of 3 resident areas were odor free during 5 of 5 mornings of observation (100 hall and Cottage Unit). Findings Include: Upon entrance to the facility on 4/14/14 at 9:15 a.m., a strong urine odor was noted in the lobby, to the left down the 100 hall, and through out the locked Cottage Unit. During a resident observation, on 4/14/14 at 2:20 p.m., the room of Resident #43 smelled of urine. During a resident interview, on 4/14/14 at 3:00 p.m., the room of Resident # 17	F000465	IDR: The facility respectfully requests an IDR to delete this deficiency because the facility believes it was in compliance with the deficiency cited.What corrective action will be accomplished for those residents found to have been affected by the deficient practice? The residential areas and 100 hallway found to have been affected by the deficient practice have been deep cleaned by housekeeping staff. Environmental Supervisor or designee will audit housekeeping cleaning daily to ensure compliance with cleaning schedules. All other areas were audited by the Executive Director and any issues were immediately corrected.How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be	05/21/2014

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	smelled of urine. On entrance to the facility on 4/15/14 at 8:25 a.m., a strong urine odor was noted in the lobby, down the 100 hall and into rooms 114, 116,117, and through out the locked Cottage Unit. On entrance to the facility on 4/16/14 at 8:00 a.m., a strong urine odor was noted in the lobby,down the 100 hall and into rooms 113,116,117,and through out the locked Cottage Unit. On entrance to the facility on 4/17/14 at 7:00 a.m., a strong urine odor was noted in the lobby, down the 100 hall and into rooms 113,116,117, and through out the locked Cottage Unit. On entrance to the facility on 4/21/14 at 8:15 a.m., a strong urine odor was noted in the lobby, down the 100 hall and into rooms 113,116,117, and through out the locked Cottage Unit. During a tour of rooms on the Cottage Unit on 4/16/14 at 8:30 a.m., urine odor was noted in a recliner in room 211, the bathroom in between rooms 210 and 212, the recliner in room 210, the bathroom in between rooms 203 and 204. A plastic toilet riser sat on top of the toilet in the bathroom in between rooms 203 and 204.		taken?All residents have the potential to be affected. All housekeeping staff will be audited by the ENS daily to ensure compliance with the cleaning schedules. Housekeeping and nursing staff will be inserviced by the ENS or designee by 5/21/14 regarding cleaning schedules and odors. ENS or designee will conduct a daily house round to ensure areas are odor free.What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not recur again? ENS or designee will audit housekeeping staff daily to ensure compliance with cleaning schedules. Housekeeping and nursing staff will be inserviced by the ENS or designee by 5/21/14 regarding the cleaning schedules and odors. ENS or designee will conduct a daily house round to ensure areas are odor free. How the corrective actions will be monitored to ensure the deficient practice does not recur?ENS or designee will audit housekeeping staff daily for three months and then weekly for six months with results to CQI utilizing the environmental CQI. ENS or designee will conduct a daily audit on alternating shifts to ensure areas are odor free with results to CQI. Executive Director or designee will audit the ENS or designee's compliance weekly to ensure compliance. If a 95% threshold is not met on any of the	

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	A brown stain was observed on the inside, back of the riser. The Census and Condition Report (CMS form 672) was completed by the Minimum Data Set (MDS) Coordinator on 4/14/14 following the Entrance Conference. The report indicated 36 of the 62 residents who resided in the facility were incontinent of urine. Housekeeper #3 was interviewed on 4/16/14 at 8:45 a.m. During the interview the housekeeper indicated the housekeepers are scheduled to clean the facility everyday. The Administrator was interviewed on 4/21/14 at 1:30 p.m. During the interview, the Administrator indicated facility and room odors are monitored by management staff. 3.1-19(b)		above indicators, an internal plan of correction will be formed to ensure compliance.By what date the systemic changes will be completed?5/21/2014	
F000498 SS=D	483.75(f) NURSE AIDE DEMONSTRATE COMPETENCY/CARE NEEDS The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.			

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	Based on observation, interview, and record review, the facility failed to ensure toileting was preformed for 2 of 2 residents reliant on staff for talking needs was completed according to CNA standards during for 2 of 2 direct care observations. (Residents 43 and 17) (CNAs 1 and 2) Findings Include: 1. During a resident observation, on 4/14/14 at 2:20 p.m., the room of Resident #43 smelled of urine. The clinical record of Resident #43 was reviewed on 4/17/14 at 8:15 a.m. The record indicated the resident's diagnoses included, but were not limited to Dementia, HTN, depression, dementia with paranoid behaviors, renal insufficiency, osteoporosis, peripheral edema. The Quarterly Minimum Data Set Assessment (MDS) dated 2/6/14 indicated Resident #43 was frequently incontinent and required extensive assist of two staff for transfers and toileting. The Care Plan dated 2/20/13 indicated Resident #43 was incontinent and refused showers. The Care Plan interventions included a toilet program, gait belt for	F000498	What corrective action will be accomplished for those residents found to have been affected by the deficient practice? The residents, #14 and 17, found to have been affected by the deficient practice had CAN #1 and 2 educated by the DNS. DNS or designee will audit direct care provided by CAN #1 and #2 weekly to ensure compliance with procedures when providing direct care. Resident #14 and 17 are receiving care per standards.How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken?All residents receiving direct care from CNAs have the potential to be affected. All staff providing direct care across all shifts will have skills validations by the DNS or designee to ensure compliance with direct care procedures. Nursing staff were inservice on 5/6/2014 regarding glove use, proper linen handling, infection control, wash cloths in sink, peri care, incontinence care, hand hygiene, and assist to the bathroom. All CNA staff will be revalidated on all validations by 5/21/14 to ensure compliance. DNS or designee will validate all staff on direct care procedures per the validation schedule and all new employees upon hire.What measures will be put into place or what systematic changes will be made to ensure that the deficient	05/21/2014

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	transfers, pull up brief, peri wash, and showers three times a week. Toileting was observed for Resident # 43 with Certified Nursing Assistant (CNA) #1 on 4/16/14 at 3:00 p.m. CNA #1 assisted Resident #43 into the shower room. The CNA did not put on disposable gloves. The CNA took her gait belt from around her waist an put it around the resident's waist. By herself, she assisted the resident to stand, and pivot to the toilet. The CNA pulled down the resident's pants and assisted her to sit on the toilet. The CNA indicated, "You are soaked". The CNA then looked at the wet bed pad folded on top of the wheelchair cushion, and indicated that the pad was also soaked with urine. CNA #1 then put on gloves, removed the resident's wet pants and wet brief, and put them into the appropriate barrels by lifting the barrel lids. Without changing her gloves, CNA #1 walked to the shower room door,opened it and called to the nurse. The CNA told the nurse, the resident's ace wraps were wet and needed replaced. She then turned to the sink and turned on the water. With the same gloves, she pulled up a		practice does not recur again? Staff members will be audited while performing direct care weekly across all shifts by the DNS or designee to ensure proper infection control techniques are followed. Nursing staff were inserviced on 5/6/2014 by the DNS regarding glove use, proper linen handling, infection control, wash cloths in sink, peri care, incontinence care, hand hygiene, and assist to the bathroom. DNS or designee will validate all staff on direct care procedures per the validation schedule. DNS or designee will conduct daily rounds each shift to ensure direct care is being provided per procedure. How the corrective actions will be monitored to ensure the deficient practice does not recur?Staff members will have skill validations for CNA standards completed weekly for six months across all shifts by the DNS or designee with results to CQI. The validations will be reviewed by IDT monthly for six months to ensure compliance with results to CQI. Executive Director or designee will audit the DNS or designee's compliance weekly to ensure compliance. If a 95% threshold is not met on any of the above indicators, an internal plan of correction will be formed to ensure compliance.By what date the systemic changes will be completed?5/21/2014	

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	cover on the linen cart and removed three washcloths and a towel, then returned the cover to it's original state and placed the wash clothes into the sink of running water. CNA #1 walked to another area and pulled a key from a cord on the wall and unlocked a large cupboard. The CNA took a large bottle of body wash from the cupboard, walked to the sink and poured wash onto two wash clothes in the sink. With the same gloves,CNA #1 pulled off the resident's slipper socks and removed the ace wraps from both of the resident's legs. CNA #1 opened the soiled lined barrels and put the dirty items into the barrels and closed the lid. With the same gloves, CNA #1 took the washcloths from the sink and the dry towel to the resident at the toilet. CNA #1 washed the resident's legs and feet,then dried them while the clean towel dragged on the shower room floor. With the same gloves, CNA #1 returned to the locked cupboard, pulled the key from the wall and opened the cupboard. The CNA pulled a basin from the cupboard and pulled out a large plastic bag with the resident's name on it. CNA #1 opened the bag and pulled out a bottle			

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	of lotion, walked to the resident sitting on the toilet and applied the lotion to the resident's legs. CNA #1 removed her gloves, walked back to the cupboard and returned the lotion to the plastic bag. CNA #1 pulled the cover off the linen cart, pulled out two more wash clothes, turned on the water put the wash clothes in the sink and poured more body wash on the wash clothes. CNA #1 put on disposable gloves. CNA #1 picked up a clean pair of pants and brief. She put the brief on the resident's ankles then the pants over top of the brief by dragging the clean pants on the shower room floor. CNA assisted Resident #43 to stand and hold onto the grab bar next to the toilet. The CNA took the wash clothes from the sink and washed and dried the resident's buttocks and pulled up the resident's brief and pants. CNA #1 did not wash the perineum. CNA #1 then indicated the resident's shirts were wet too. She folded the urine soaked shirt and undershirt into the gait belt that was still around the resident's waist.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155200	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 04/21/2014
NAME OF PROVIDER OR SUPPLIER UNIVERSITY NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1564 S UNIVERSITY BLVD UPLAND, IN 46989	

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	CNA #1 pulled the wet bed pad from the wheelchair, folded a clean bed pad in half and put the clean pad on the urine soaked wheelchair cushion without washing or drying the cushion. CNA #1 assisted Resident #43 to sit in the wheelchair. CNA #1 then pulled the resident's wet shirt and undershirt from under the gait belt. CNA #1 then put the gait belt around her own waist. Without washing the resident's wet back, CNA #1 put a clean under shirt and shirt on the resident. CNA #1 removed her gloves and washed her hands and assisted Resident #43 out of the shower room. The Director of Nursing (DoN) was interviewed on 4/17/14 at 3:00 p.m. The DoN indicated CNA #1 should have washed her hands, changed gloves, and washed the resident's wheelchair cushion. 2. During a resident interview, on 4/14/14 at 3:00 p.m., the room of Resident # 17 smelled of urine. The clinical record of Resident #17 was reviewed on 4/17/14 at 9:20 a.m. The record indicated the resident's diagnoses included, but were not limited to Pick's Disease, Alzheimer's dementia,a and Hypothyroidism.			

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	The "Three Day Bladder/Bowel Patterns" dated 2/6/14, 2/7/14, and 2/8/14 indicated Resident #17 was incontinent and should be assisted to toilet upon rising, before or after meals, at bedtime, and check and change at night as needed. The Annual Minimum Data Set Assessment (MDS) dated 2/6/14 indicated Resident #17 was incontinent and required limited assist of one for room ambulation and extensive assist of one for toileting. The Care Plan dated 5/8/12 indicated Resident #17 was incontinent. The Care Plan interventions included pull up briefs, assist with incontinent care as needed, observe for signs and symptoms of urinary tract infection and the toilet program. CNA #2 was observed assisting Resident #17 to the toilet on 4/17/14 at 10:30 a.m. CNA #2 assisted Resident #17 to sit on the side of the bed. CNA #17 put her gaitbelt around the resident's waist and assisted her to walk to the bathroom. The resident's bathroom was in the middle of two rooms, shared by four residents and smelled of urine.			

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	CNA #2 pulled down the resident's pants and brief and assisted the resident to sit on the toilet. CNA #2 indicated the resident's brief was not wet. CNA #2 washed her hands and put on gloves, and put a washcloth in the sink over the drain and turned on the water. The water level began to fill up in the sink. CNA #2 put soap on the washcloth from the water filled sink. CNA #2 assisted Resident #17 to stand and washed the resident's perineum and buttocks. CNA #2 pulled up the resident's brief and pants. A paper then fell out of the CNA's pocket. The CNA picked up the paper from the bathroom floor and returned it to her pocket. CNA #2 removed her gloves assisted Resident #17 to wash her hands and CNA #2 washed her hands. CNA #2 assisted Resident #17 back to the bed. CNA #2 pulled the paper that had been on the bathroom floor from her pocket. 3. The facility policy "Hand Hygiene, Section: CNA Skills Validation", dated			

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	3/2012, was presented by the Director of Nursing (DoN) on 4/17/14. The policy indicated "... 5 Moment of required hand hygiene: Before patient. Before an aseptic task. After body fluids exposure risk. After patient contact. After contact surroundings." The facility policy "Assist to the Bathroom, Section: CNA Skills Validation", dated 2/2012, was presented by the DoN on 4/21/14 at 10:35 a.m. The policy indicated "...Wash hands. 4. Walk with resident into the bathroom. (Use gait belt) 5. Assist resident to pull down clothing and sit down.... 9. Wash hands. 10. Put on gloves. 11. Assist resident to wipe area from front to back. Assist with perineal care, if needed. 12. Remove gloves. 13. Assist resident to pull up clothing. 14. Assist resident to wash hands. 15. Assist resident back to bed or chair. 16. Wash hands..." 3.1-14(i)			